



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E296971**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-3270
LOCAL AGENCY CODING	WA0311900
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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DATE OF COLLISION	12 - 28 - 2013	TIME (2400)	1532	COUNTY #	31	MILES		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF	CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
91ST AVE NE	BLOCK NO. <input checked="" type="checkbox"/>	9100
	MILE POST <input type="checkbox"/>	

DISTANCE		MILES		OF (REFERENCE OR CROSS STREET)	SR 204
		FEET			

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 3806919468
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LAST NAME	JOHNSON	FIRST NAME	DONNA	MIDDLE INITIAL	
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STREET NEW ADDRESS	308 S. INDIANA AVE
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CITY	GRANITE FALLS	ST	WA	ZIP	98252
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	JOHNSD*583M4	STATE	WA	SEX	F	D.O.B. MMDDYYYY	07 - 24 - 1942
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	603XWH	STATE	WA	VIN#	2A4GP44R97R108248
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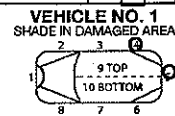
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2007	MAKE	CHRY	MODEL	TOWN	STYLE	SW	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 1890358508
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VEHICLE LEGALLY STANDING	YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 5095544047
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LAST NAME	WOLTHAUSEN	FIRST NAME	KARL	MIDDLE INITIAL	E
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STREET NEW ADDRESS	10417 24TH ST SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	WOLTHKE361M1	STATE	WA	SEX	M	D.O.B. MMDDYYYY	07 - 21 - 1964
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	ALC3170	STATE	WA	VIN#	JF2SHABC6DH413760
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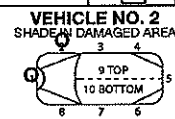
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2013	MAKE	SUBA	MODEL	FORREST	STYLE	SW	VEHICLE TOWED	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 70094021
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VEHICLE LEGALLY STANDING	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #		CHARGE	
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OFFICER'S NAME (PRINT)	DEAN THOMAS	BADGE OR ID #	094	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E296971**

CASE # **13-3270**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **WOLTHHAUSEN WENDY A**

ADDRESS & PHONE # **10417 24TH ST SE LAKE STEVENS WA 98258 4253598338** SEX **F** D.O.B. MMDDYYYY **06** - **05** - **1966**

PASSENGER ☒ WITNESS ☐ UNIT # **2** SEAT POS. **3** AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **1** NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE # SEX D.O.B. MMDDYYYY - -

PASSENGER ☐ WITNESS ☐ UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE # SEX D.O.B. MMDDYYYY - -

PASSENGER ☐ WITNESS ☐ UNIT # SEAT POS. AIRBAG RESTR. EJECT HELMET USE INJURY CLASS NATURE OF INJURIES

NARRATIVE

Unit #1 was facing north bound on 91st Ave NE with her right blinker activated. Unit#1 stated she noticed she was too far in the roadway so she backed up to get out of the road. Unit#1 did not see Unit #2 behind her. Unit #1 struck Unit #2 while backing up.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DEAN THOMAS

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

12-31-13 04:38 PM

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 079

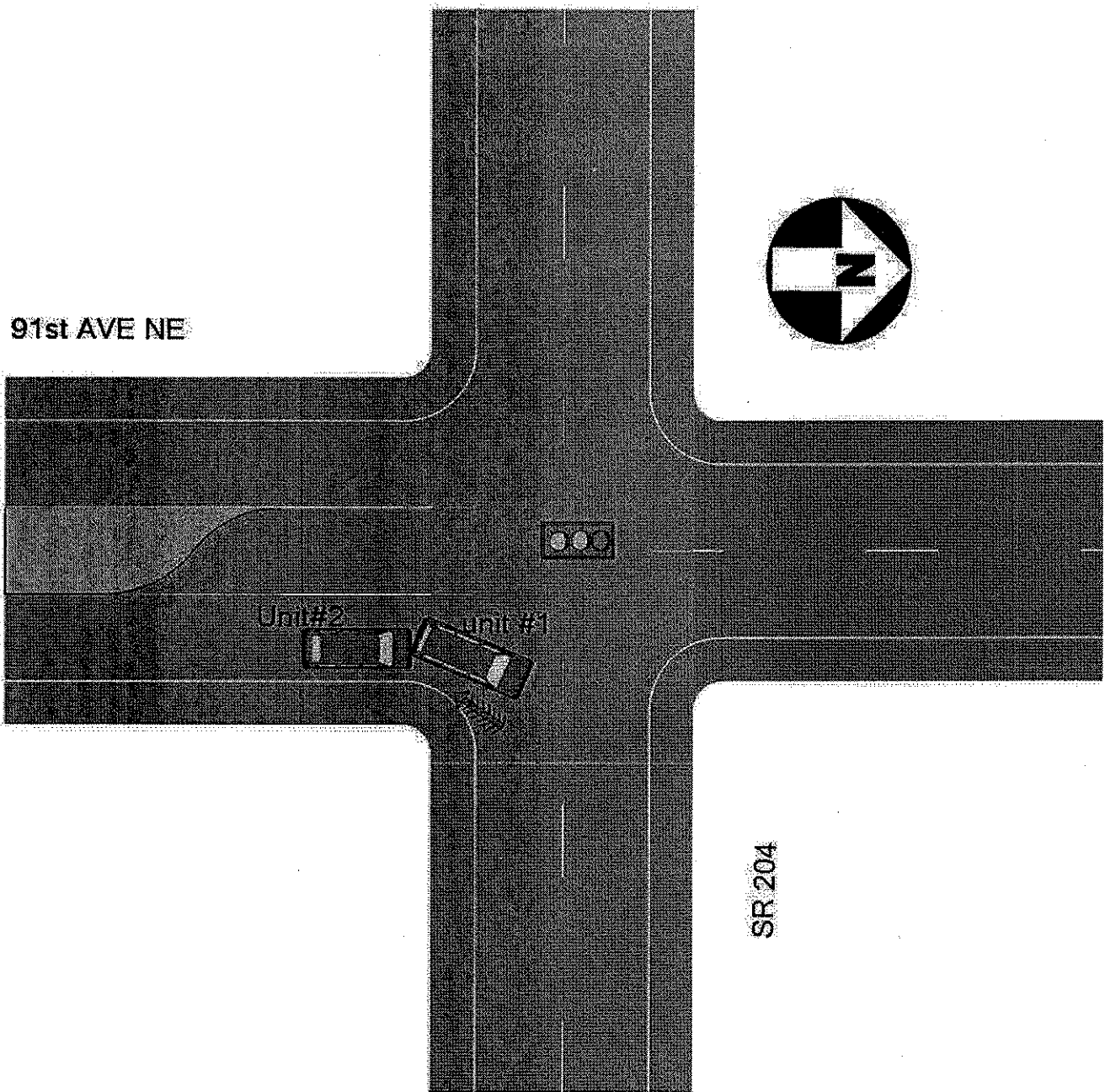
12/31/2013 5:19:30 PM

BADGE OR ID # **094**

ORI # **WA0311900**

TIME POLICE DISPATCHED **3:32 PM**

TIME POLICE ARRIVED **3:32 PM**



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-3270

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) WOLTHAUSEN, KARL	RACE	ETH	SEX M	DOB 7-21-64	AGE 49	HGT 6'2"	WGT 205	HAIR BRN	EYES BLU
STREET ADDRESS 10417 24th St, SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE none		CELL PHONE 509-554-4047			PLACE OF EMPLOYMENT none					
WORK PHONE none		EMAIL ADDRESS								

I, Karl Wolthausen, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I WAS STATIONARY FACING WESTBOUND AT CORNER OF 91ST + 204 WAITING AT RED LIGHT TO TURN RIGHT. SILVER TOWN+COUNTRY VAN IN FRONT OF ME BACKED UP AND STRUCK MY VEHICLE. & THE DRIVER OF THE VAN SAID SHE WAS GOING TO TURN LEFT + GO TO GRANITE FALLS, BUT WASN'T IN THE LEFT-TURN LANE.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Karl Wolthausen</u>	DATE SIGNED 12-28-13	LOCATION SIGNED 76 GAS STATION
OFFICER/NUMBER: <u>[Signature] #54</u>	DATE SIGNED 12-28-13	LOCATION SIGNED 91st / SR 204 LSPD

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-3270

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Wolthausen Wendy A	RACE W	ETH W	SEX F	DOB 6/5/66	AGE 47	HGT 5'2"	WGT 162	HAIR BRN	EYES GRN
STREET ADDRESS 10417 24 th St SE		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425-359-8338		CELL PHONE Same		PLACE OF EMPLOYMENT Pathways to Wellness						
WORK PHONE Same		EMAIL ADDRESS kar.wen.818@yahoo.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was the passenger of my Subaru Forester. My husband and I were at a complete stop at the light - intersection of 91st & 204 in Lake Stevens. We were in the right lane waiting to turn right. The silver Town & Country minivan 603-XWH was backing up and back into our front end. Our license plate was bent upward and passenger side front end bumped & scuffed - smaller/lighter scuff on driver side.

The woman in the van only said she looked in side mirror. There appears to be a video screen in her rearview mirror - blocking her sight.

She did not see us stopped behind her.

The appears to be dents in her car bumper from previous incidents ??

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE Wendy Wolthausen	DATE SIGNED 12-28-13	LOCATION SIGNED 76 Station across from Walgreens
OFFICER/NUMBER [Signature] #94	DATE SIGNED 12-28-13	LOCATION SIGNED 91 st / 204 / LSPD

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education."

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ORIGINAL

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-3270

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) JOHNSON, DONNA	RACE	ETH	SEX F	DOB 07-24-42	AGE 71	HGT 5'4"	WGT 165	HAIR Brn	EYES Brn
STREET ADDRESS 308 S. Indiana Ave		CITY Granite Falls		STATE WA		ZIP 98252		RES. STATUS		
HOME PHONE 360 691-9468		CELL PHONE		PLACE OF EMPLOYMENT Retired						
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

The light turned yellow and I was in the crosswalk, and backed up to clear walk and saw only the 2nd car behind me and misjudged distance I had to clear.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS13028189

Case Numbers: \$SS13003270

Entered 12/28/13 15:32:52 BY SPDP17 SP0368
Dispatched 12/28/13 15:32:52 BY SPDP17 SP0368
Enroute 12/28/13 15:32:52
Onscene 12/28/13 15:32:52
Closed 12/28/13 15:46:51

Initial Type: ACC Initial Alarm Level: Final Alarm Level:

Final Type: ACC (ACCIDENT, NON-INJURY OR UNKNOWN) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: Src

Loc: 91 AV NE/SR 204 , LKS (V)

Loc Info:

Name:	Addr:	Phone:
/1532 (SP0368) \$OUTSRV	, NO MORE INFORMATION	
/1532 DISPOS SS19I1	#SS94 THOMAS, DET (DEAN)	
	, NO MORE INFORMATION	
/1532 CHANGE	LOC: 91/SR 204 --> 91 AV NE/SR 204 , LKS,	
	BLK: --> SS002	
/1533 ONSCNE SS19I1	[76 STA]	
/1535 (SS94) REMINQ SS19I1	MDTVEH, 603XWH, , WA, , , , , , , , , , ,	
/1536 REMINQ SS19I1	MDTWANT, JOHNSON, DONNA, , 072442, , , WA, , , , , , , , , , ,	
/1539 REMINQ SS19I1	MDTVEH, ALC3170, , WA, , , , , , , , , , ,	
/1539 REMINQ SS19I1	MDTWANT, WORTHAUSEN, KARL, E, 060564, , , WA, , , , , , , , , , ,	
/1540 REMINQ SS19I1	MDTWANT, WORTHAUSEN, KARL, E, 072164, , , WA, , , , , , , , , , ,	
/1541 REMINQ SS19I1	MDTWANT, WORTHAUSEN, KARL, E, 072164, , , WA, , , , , , , , , , ,	
/1542 REMINQ SS19I1	MDTWANT, WOLTHHAUSEN, KARL, E, 072164, , , WA, , , , , , , , , , ,	
/1542 REMINQ SS19I1	MDTWANT, WOLTHHAUSEN, WENDY, , 060566, , , WA, , , , , , , , , , ,	
/1543 *MISC SS19I1	#1 GEICO 1890-35-85-08 PH#360-691-9468	
/1543 (SP0368) ASNCAS SS19I1	\$SS13003270	
/1546 CLEAR SS19I1	D/H	
/1546 CLOSE SS19I1		

LSPD
ORIGINAL